

APPLICATION FOR A
CERTIFICATE OF APPROPRIATENESS

NO FEE TO
APPLICANT /
OWNER

CONTACT INFORMATION:

	APPLICANT	PROPERTY OWNER
NAME		
ADDRESS		
PHONE #		
EMAIL		

PROPERTY INFORMATION:

PROPERTY ADDRESS _____

PROPERTY NAME / TITLE _____

PROJECT DESCRIPTION:

DESCRIBE THE PROPOSED WORK OR ADDITION, MATERIALS TO BE
USED, AND THE IMPACT ON EXISTING HISTORIC STRUCTURES OR SITE.
ATTACH ADDITIONAL PAGES IF NECESSARY.



ATTACHMENTS:

PLEASE INCLUDE THE FOLLOWING MATERIALS IN THE APPLICATION SUBMITTAL:

- ☐ PHOTOGRAPHS SHOWING THE EXISTING STRUCTURE OR SITE
 - ☐ SKETCHES OR RENDERINGS SHOWING THE PROPOSED ALTERATION OR ADDITION
 - ☐ SITE PLANS SHOWING DIMENSIONS AND SETBACKS FOR THE PROPOSED ALTERATION OR ADDITION, NEARBY STRUCTURES, AND PROPERTY LINES
 - ☐ MATERIAL AND COLOR SAMPLES (IF NECESSARY)
-

SIGNATURE:

I HEREBY CERTIFY THAT I AM THE OWNER OF THE SUBJECT PROPERTY LISTED ABOVE OR THAT I HAVE AUTHORIZATION FROM THE OWNER TO SUBMIT AN APPLICATION ON BEHALF OF THE PROPERTY OWNER. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM AND ATTACHMENTS IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY PETITION THE HISTORIC PRESERVATION COMMISSION OF THE CITY OF OCONOMOWOC, WISCONSIN TO ISSUE A CERTIFICATE OF APPROPRIATENESS FOR THE WORK DESCRIBED ABOVE.

APPLICANT'S PRINT NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

PLANNING DEPARTMENT OFFICE USE ONLY:

ADMINISTRATIVE APPROVAL: ☐ YES ☐ NO

ADMINISTRATIVE APPROVAL DATE: _____



APPLICATION FOR THE
**DESIGNATION OR REMOVAL OF A DESIGNATION
OF A LOCAL HISTORIC STRUCTURE OR SITE**

NO FEE TO
APPLICANT /
OWNER

CONTACT INFORMATION:

APPLICANT / PROPERTY OWNER

NAME

ADDRESS

PHONE #

EMAIL

PROPERTY INFORMATION:

PROPERTY ADDRESS _____

PROPERTY NAME / TITLE _____

IS THE PROPERTY ON THE NATIONAL REGISTER OF HISTORIC PLACES?

☐

YES

☐

NO

SEEKING A:

☐

DESIGNATION OF A LOCAL HISTORIC STRUCTURE

☐

DESIGNATION OF A LOCAL HISTORIC SITE

☐

REMOVAL OF A DESIGNATION AS A LOCAL HISTORIC STRUCTURE

☐

REMOVAL OF A DESIGNATION AS A LOCAL HISTORIC SITE



DESCRIPTION:

IF SEEKING A DESIGNATION, DESCRIBE HOW THE SUBJECT SITE OR STRUCTURE DISPLAYS HISTORIC, ARCHITECTURAL, OR CULTURAL SIGNIFICANCE TO THE CITY OF OCONOMOWOC. SEE SECTION 17.705(5)(b) OF THE CITY ZONING ORDINANCE FOR CRITERIA. IF SEEKING A REMOVAL OF A DESIGNATION, EXPLAIN WHY THE SITE OR STRUCTURE NO LONGER DISPLAYS HISTORIC, ARCHITECTURAL, OR CULTURAL SIGNIFICANCE. ATTACH ADDITIONAL PAGES IF NECESSARY.

ATTACHMENTS:

PLEASE INCLUDE THE FOLLOWING MATERIALS IN THE APPLICATION SUBMITTAL:

- ☐ PHOTOGRAPHS SHOWING THE EXISTING STRUCTURE OR SITE
- ☐ SITE PLANS SHOWING DIMENSIONS AND SETBACKS FOR THE SUBJECT STRUCTURE OR SITE, NEARBY STRUCTURES, AND PROPERTY LINES

SIGNATURE:

I HEREBY CERTIFY THAT I AM THE OWNER OF THE SUBJECT PROPERTY LISTED ABOVE. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM AND ATTACHMENTS IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY PETITION THE HISTORIC PRESERVATION COMMISSION AND THE COMMON COUNCIL OF THE CITY OF OCONOMOWOC, WISCONSIN TO APPROVE THE REQUEST DETAILED ABOVE.

APPLICANT'S PRINT NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

